

Appropriate Initial Evaluation of Patients with Prostate Cancer

Coding Specifications

Codes required to document patient has prostate cancer and is receiving interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy:

An ICD-9 diagnosis code for prostate cancer and a CPT procedure code are required to identify patients to be included in this measure.

Prostate cancer ICD-9 diagnosis codes

- 185 (malignant neoplasm of prostate)

AND

CPT procedure codes

- 55810, 55812, 55815 (prostatectomy, perineal radical),
- 55840, 55842, 55845 (prostatectomy, retropubic radical, with or without nerve sparing),
- 55866 (laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing),
- 55873 (cryosurgical ablation of the prostate),
- 77411, 77412, 77413, 77414, 77416 (radiation treatment delivery),
- 77418 (intensity modulated treatment delivery),
- 77427 (radiation treatment management),
- 77776, 77777, 77778 (interstitial radiation source application),
- 77784 (remote afterloading high intensity brachytherapy)

Quality codes for this measure (one of the following for every eligible patient):

CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 3268F:** Prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score documented prior to initiation of treatment
- **CPT II 3268F-1P:** Documentation of medical reason(s) for not documenting prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score prior to initiation of treatment
- **CPT II 3268F-8P:** Prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score not documented prior to initiation of treatment, reason not otherwise specified

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